

Complete Summary

TITLE

Nursing facility chronic care: percent of residents whose need for help with daily activities has increased.

SOURCE(S)

Abt Associates, Inc, U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services. National nursing home quality measures. User's manual. Cambridge (MA): Abt Associates, Inc.; 2004 Jan 1 (v1). 46 p.

Brief Abstract

DESCRIPTION

This measure assesses the percentage of residents whose need for help with daily activities has increased.

RATIONALE

Most residents value being able to take care of themselves. It is important that nursing home staff encourage residents to do as much as they can for themselves. In some cases, it may take more staff time to allow residents to do these tasks than to do the tasks for them. Residents who still do these basic daily activities with little help may feel better about themselves and stay more active. This can affect their health in a good way. When people stop taking care of themselves, it may mean that their health has gotten worse. The resident's ability to perform daily functions is important in maintaining their current health status and quality of life. Some residents will lose function in their basic daily activities even though the nursing home provides good care.

This measure is one of fourteen National Nursing Home Quality Improvement (NHQI) measures. These measures provide information to help consumers make informed decisions about their nursing home care. The measures are also intended to motivate nursing homes to improve their care and to inform discussions about quality between consumers and clinicians.

PRIMARY CLINICAL COMPONENT

Chronic care; activities of daily living

DENOMINATOR DESCRIPTION

All residents with a valid target and a valid prior assessment (see the related "Denominator Inclusions/Exclusions" field in the Complete Summary)

NUMERATOR DESCRIPTION

Number of residents from the denominator with worsening in Late-Loss Activities of Daily Living (ADL) self performance at target relative to prior assessment (see the related "Numerator Inclusions/Exclusions" field in the Complete Summary)

Evidence Supporting the Measure

PRIMARY MEASURE DOMAIN

Outcome

SECONDARY MEASURE DOMAIN

Not applicable

EVIDENCE SUPPORTING THE MEASURE

A formal consensus procedure involving experts in relevant clinical, methodological, and organizational sciences

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Use of this measure to improve performance

EVIDENCE SUPPORTING NEED FOR THE MEASURE

Nursing home compare. [internet]. Baltimore (MD): Centers for Medicare and Medicaid Services; 2000- [updated 2004 Feb 19]; [cited 2004 Jul 21].

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Internal quality improvement
National health care quality reporting

Application of Measure in its Current Use

CARE SETTING

Nursing Homes

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Measure is not provider specific

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Single Health Care Delivery Organizations

TARGET POPULATION AGE

Patients of all ages

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

About 3 million elderly and disabled Americans received care in our nation's nearly 17,000 Medicare and Medicaid-certified nursing homes in 2001. Slightly more than half of these were long-term nursing home residents, but nearly as many had shorter stays for rehabilitation care after an acute hospitalization. About 75 percent were age 75 or older.

EVIDENCE FOR INCIDENCE/PREVALENCE

Nursing home quality initiative. Overview. Baltimore (MD): U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS); 2004 Jan 20. 3 p.

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

Unspecified

UTILIZATION

Unspecified

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Living with Illness

IOM DOMAIN

Effectiveness

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

All residents with a valid target and a valid prior assessment

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR (INDEX) EVENT

Diagnostic Evaluation
Institutionalization

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

All residents with a valid target and a valid prior assessment

Exclusions

Residents meeting any of the following conditions:

1. None of the four Late-Loss Activities of Daily Living (ADLs) can show decline because each of the four have a value of 4 (total dependence) or a value of 8 (activity did not occur) on the prior assessment.

2. The quality measure (QM) did not trigger (resident not included in the numerator) AND there is missing data on any one of the four Late-Loss ADLs on the target assessment or prior assessment.
3. The resident is comatose or comatose status is unknown on the target assessment.
4. The resident has end-stage disease or end-stage disease status is unknown on the target assessment.
5. The resident is receiving hospice care or hospice status is unknown on the target assessment or the most recent full assessment.

Refer to the original measure documentation for details.

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

Number of residents from the denominator with worsening in Late-Loss Activities of Daily Living (ADL) self performance at target relative to prior assessment

Residents meet the definition of Late-Loss ADL worsening when at least two of the following are true:

1. Bed mobility - Level at target assessment minus level at previous assessment greater than 0, or
2. Transfer - Level at target assessment minus level at previous assessment greater than 0, or
3. Eating - Level at target assessment minus level at previous assessment greater than 0, or
4. Toileting - Level at target assessment minus level at previous assessment greater than 0,

OR at least one of the following is true:

1. Bed mobility - Level at target assessment minus level at previous assessment greater than 1, or
2. Transfer - Level at target assessment minus level at previous assessment greater than 1, or
3. Eating - Level at target assessment minus level at previous assessment greater than 1, or
4. Toileting - Level at target assessment minus level at previous assessment greater than 1.

Refer to the original measure documentation for details.

Exclusions

Unspecified

DENOMINATOR TIME WINDOW

Time window precedes index event

NUMERATOR TIME WINDOW

Fixed time period

DATA SOURCE

Special or unique data

LEVEL OF DETERMINATION OF QUALITY

Not Individual Case

OUTCOME TYPE

Functional Status

PRE-EXISTING INSTRUMENT USED

CMS Minimum Data Set - Resident Assessment Instrument (Version 2.0)

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a lower score

ALLOWANCE FOR PATIENT FACTORS

Risk adjustment devised specifically for this measure/condition

DESCRIPTION OF ALLOWANCE FOR PATIENT FACTORS

Risk adjustment refines raw quality measure (QM) scores to better reflect the prevalence of problems that facilities should be able to address.

Risk adjustment for this measure involves exclusion of residents whose outcomes are not under nursing facility control (e.g., outcome is evidenced on admission to the facility) or the outcome may be unavoidable (e.g., the resident has end-stage disease or is comatose). For each QM, the prevalence of the outcome across all residents in a nursing facility, after exclusions, is the facility-level observed QM score. Refer to the original measure documentation for details.

STANDARD OF COMPARISON

External comparison at a point in time
Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

The quality measures have been validated and are based on the best research currently available. These quality measures meet four criteria. They are important to consumers, are accurate (reliable, valid and risk adjusted), can be used to show ways in which facilities are different from one another, and can be influenced by the provision of high quality care by nursing home staff. A formal validation study was conducted involving 5,758 chronic and post-acute residents in 209 nursing facilities in 6 states.

EVIDENCE FOR RELIABILITY/VALIDITY TESTING

Abt Associates, Inc, U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services. Validation of long-term and post-acute care quality indicators. Cambridge (MA): Abt Associates, Inc.; 2003 Jun 10. 93 p.

Identifying Information

ORIGINAL TITLE

Percent of residents whose need for help with daily activities has increased.

MEASURE COLLECTION

[Nursing Home Quality Initiative: National Nursing Home Quality Measures](#)

MEASURE SET NAME

[Chronic Care Quality Measures](#)

DEVELOPER

Centers for Medicare and Medicaid Services

ENDORSER

National Quality Forum

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2004 Jan

MEASURE STATUS

This is the current release of the measure.

SOURCE(S)

Abt Associates, Inc, U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services. National nursing home quality measures. User's manual. Cambridge (MA): Abt Associates, Inc.; 2004 Jan 1 (v1). 46 p.

MEASURE AVAILABILITY

The individual measure, "Percent of residents whose need for help with daily activities has increased," is published in "National Nursing Home Quality Measures. User's Manual." This document is available in Portable Document Format (PDF) from the [Centers for Medicare and Medicaid Services \(CMS\) Web site](#).

For more information, refer to the CMS Web site at, www.cms.hhs.gov.

COMPANION DOCUMENTS

The following is available:

- Nursing Home Compare. [internet]. Baltimore (MD): Centers for Medicare and Medicaid Services. 2000- [updated 2004 Feb 19]; [cited 2004 Jul 21]. This tool is available from the [Medicare Web site](#).

NQMC STATUS

The NQMC summary was completed by ECRI on July 22, 2004. The information was verified by the measure developer on August 30, 2004.

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